PART B - FEE(S) TRANSMITTAL

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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------------|---------------------|----------------------|---------------------|------------------|
| 10/586,862 | 07/21/2006 | Kazumasa Ito | 293542US3PCT | 1557 |
| TITLE OF INVENTION: E | MERGENCY BRAKE OF E | ELEVATOR | | |

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|---|---|----------------------|--|-------------------------|---------------------------|------------------|--|--|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 09/30/2009 | | |
| EXAMINER ART UNIT | | ART UNIT | CLASS-SUBCLASS | | | | | |
| PICO, ERIC E 3654 | | 187-350000 | | | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form pto 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| 4a. The following fee(s) ☑ Issue Fee | are submitted: | | b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo | d. Transmitted via EFS- | iously paid issue fee sho | own above) | | |
| NOTE: The Issue Fee an | ns SMALL ENTITY statu and Publication Fee (if req records of the United Sta | is. See 37 CFR 1.27. | b. Applicant is no long | ger claiming SMALL ENT | FITY status. See 37 CFR | 1.27(g)(2). | | |
| Typed or printed nam | . James | s D. Hamilton | | Registration No | Registration N | o. 28,421 | | |

This collection of information is required by 3 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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